

Support for Women Following Childbirth Standard Operating Procedure (SOP)

Key Points

- All referrals must be made by a healthcare professional.
- We do not accept self-referrals from patients.
- All cases will be individual assessed so that all women can be directed to the most appropriate service.
- Referrals will be accepted only if a correct referral form is completed in full.

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Abbreviations

CMW	Community Midwife
MNVP	Maternity and Neonatal Voices Partnership
IAPTS	Improving Access to Psychological Therapies Services
ITU (ICU)	Intensive Therapy Unit (Intensive Care Unit)
PALS	Patient Advice and Liaison Service
PNMH	Perinatal Mental Health
PNMHT	Perinatal Mental Health Team
MNISA	Maternity and Neonatal Independent Senior Advocate

1. Introduction

At Frimley Health, we recognize that childbirth is a transformative experience and, sometimes, it may not unfold as expected. Women may seek support, clarity, or a safe space to discuss their birthing experiences with healthcare professionals. To ensure our women receive the necessary support and timely access to the right services, we have established a referral pathway with specific criteria for healthcare professionals.

The Birth Review service offers a platform for women to:

- Reflect on their birth experience.
- Explore the care they received during pregnancy, labour, birth, or post-birth.
- Seek answers to any lingering questions.

2. Referral Pathway and Our Services

a) For Pregnant Women Requesting Birth Review:

Pregnant women who have previously given birth at Frimley Health will be referred by their community midwife (CMW) to either:

- Their named consultant (for those under consultant-led care).
- To the consultant midwife Birth Choices Clinic (for those under midwifery-led care).

b) For Women Seeking to Understand Their Care Timeline:

Healthcare professionals should direct women to the [Access to Health Records](#) section on the Trust's website. This page includes detailed information on the process.

Please be aware that this option will not be suitable for all women, especially if there is a language barrier. These cases will be individually assessed and further referred to the most appropriate service. Further advice can be sought from the maternity clinical governance team.

c) For Women Experiencing Emotional Struggles:

Healthcare professionals should refer women facing emotional challenges to suitable services, including but not limited to:

- Counselling service
- Perinatal Mental Health Team
- 'Talking Therapy'
- 'Healthy Minds'
- 'Forget Me Not'

This decision should be made in consultation with the woman, considering her mental well-being.

d) For Women Wishing to Provide Feedback or Make a Complaint:

Women wishing to provide feedback will be directed to the [Maternity and Neonatal Voices Partnership](#) (MNVP) or Patient Advice and Liaison Service (PALS).

Women unsatisfied with their care, seeking to file a formal complaint, will also be referred to the Patient Advice and Liaison Service (PALS). For Wexham Park, please advise them to contact PALS on 0300 615 3365 or hfpt.palswexhampark@nhs.net. For Frimley Park PALS, the details are 0300 613 6530 or hfpt.palsfrimleypark@nhs.net.

e) For Women Requesting a Birth Review While Still in the Hospital:

When a woman is still an inpatient and seeks clarity on her labour experience or has unanswered questions, this should be addressed by the attending midwife initially. If her questions pertain to obstetric care, the obstetrician caring for her (junior, registrar, or consultant) should be informed to discuss her concerns before discharge. The record of this conversation must be documented clearly in EPIC under the '*Has the mother received any debriefing or discussion following the delivery?*' field on the discharge summary and/or in the notes.

If there are questions beyond the scope of her midwife or the obstetric team, she should be referred to a more senior midwife, such as Band 7, unit lead or matron.

Any unanswered questions related to obstetric care should be referred to the consultant of the week or the on-call consultant during weekends.

Healthcare professionals should ensure immediate concerns are addressed while the woman is in the hospital. If they are unable to do so, they should contact the senior midwife or consultant on call and follow their guidance.

Please verify if the consultant has already documented the need for a birth review/debrief with themselves or a colleague. If so, schedule the appointment through the postnatal ward clerk or the consultant's senior clinical admin. The consultant's senior clinical admin will be responsible for contacting the patient to inform them of the upcoming appointment.

f) For Women Requesting a Birth Review After Discharge:

Once a woman has been discharged, community midwives, health visitors, GPs, or other healthcare professionals should address her concerns and questions in the first instance. If the woman still seeks answers, healthcare professionals should assess her and determine which services, as outlined in this SOP, best suit her needs.

g) In addition to the Birth Review service, women may be eligible to access a Maternity and Neonatal Independent Senior Advocate (MNISA). The MNISA is a new senior role to support women and families. As well as helping women find answers to questions about their care, the MNISA helps to ensure the voices of women and families are listened to, heard, and acted upon by their maternity and neonatal care providers when they have experienced a serious adverse outcome during their maternity and/or neonatal care. Please ensure referrals are made to the Advocate for any women who have experienced any of the following adverse outcomes:

- Intrauterine death or stillbirth >24 weeks.
- Neonatal death.
- Maternal death.
- Unexpected or unplanned hysterectomy within 6 weeks of birth
- Unexpected admission to the critical or intensive care unit.
- Neonatal brain injury diagnosed or suspected.

Referrals to the MNISA can be made using the following link:

https://forms.office.com/Pages/ResponsePage.aspx?id=sITDN7CF9UeyIge0jXdO46IZEkKegRNri_YSYCTpotUMIZMVU1EOUFJS0cwVzJPUIVPQTFTdLSSQIQCN0PWcu

3. Eligibility and Criteria for Birth Review

Women who have given birth at Frimley Health within the last 12 months may be eligible for a Birth Review appointment, provided they meet referral criteria. **Self-referrals from women or their families will not be accepted.** Criteria include, but are not limited to:

- Delivery resulting in an emergency caesarean section.
- Difficult instrumental delivery.
- Obstetric anal sphincter injuries/third- and fourth-degree tears.
- Obstetric emergencies such as postpartum haemorrhage, shoulder dystocia, eclampsia, cord prolapse, maternal collapse, or admission to the ITU.
- Intrauterine death, stillbirth, or neonatal death.
- Baby admission to the neonatal unit due to intrapartum asphyxia.
- Unexpected return to the operating theatre.

4. Referral Process for Birth Review

Referrals should be made using the birth review referral proforma (Appendix 1), accessible through Microsoft Forms. The link to the referral form (Appendix 1) will be sent to the requesting healthcare professional via email to complete once the

request has been made. The maternity clinical governance team will assess the submitted referrals to determine if a birth review is warranted. In addition, the clinical governance team will offer administrative support to Matrons if needed.

5. Timing of Birth Review

Birth reviews are typically recommended six weeks or more after childbirth, allowing women ample time to process their birthing experiences.

6. Roles and Responsibilities

For women meeting the Birth reviews criteria, the following responsibilities apply:

Named (or Delivering) Consultant: In cases where the birth involved an obstetric emergency or aligns with any of the essential criteria outlined, the responsible named (or delivering) consultant or consultant led birth review clinic will be contacted via email, with their senior clinical admin copied. The consultant and their senior clinical admin will take charge of scheduling an appointment to meet with the woman. After setting up the appointment, the senior clinical admin will inform the maternity clinical governance team for record keeping purposes. We recognise that some consultants do not have specific time in their job plan for this activity and will need to schedule the appointment in their gynaecology clinic.

On the Frimley Park site, there will continue to be a consultant led birth review clinic whose cases will come from the clinical governance team where indicated, e.g., patient safety incident review or round table discussion. A similar service is being developed at WPH currently until this time, individual consultants will be approached to see these women either face to face, virtually or by phone.

PNMHT (Perinatal Mental Health Team) Lead Midwife: When the woman is either already known to the PNMHT or PNMH services, or if the referring professional identifies signs or suspects the onset of a mental health issue, they should contact the PNMHT lead midwife. The PNMHT lead midwife will then arrange to get in touch with the woman.

The mental health issue needs to be addressed first prior to the birth review as more harm than good can occur. Therefore, appropriate referral to PMH Service/IAPTS should be completed if not already in place. The PMH Service/IAPTS will guide us as to when the birth review should take place so to not disrupt therapy progression. Once the PMH Service/IAPTS (or any other mental health service the woman is under) deems that the woman is suitable for a birth review, an appointment will then be arranged for her with the appropriate professional (consultant, senior midwife or joint).

Community Matron: If the birth or questions pertain to care in a community setting, including home births, the community matron should be contacted. They will assume responsibility for addressing care-related questions within the community or during

home births. The community matron will either arrange to meet with the woman or delegate the task to an appropriate colleague. If the matron needs administrative support, they can contact the maternity clinical governance administrator who will help arrange and co-ordinate appointments for them.

Inpatient Services or Intrapartum Matron: For matters related to care in a hospital setting, the Inpatient Services or Intrapartum Matron should be contacted, depending on the specific area where the concerns or questions have arisen. They will be responsible for arranging an appointment to meet with the woman or allocating the task to a suitable colleague. If the matron needs administrative support, they can contact the maternity clinical governance administrator who will help arrange and co-ordinate appointments for them.

Joint Appointments: In situations where the concerns or questions encompass various aspects of care or involve multiple complexities, it is advisable to consider a joint appointment. This joint appointment may involve the consultant, matron, and, if necessary, any required specialty professionals, such as a consultant neonatologist or anaesthetist. This collaborative approach ensures comprehensive and well-coordinated support for the woman.

7. What Happens if Referral Criteria Are Not Met?

The maternity Clinical Governance team will individually review and assess all referrals they receive. If we are unable to meet referral request or the request does not meet the agreed criteria, the women will be informed of this in writing by the Clinical Governance team. In addition, they will be provided with information on how to contact other national support services available in UK. Please see Appendix 3 for further information.

8. Referral Form

The referral form (Appendix 1) must be completed by a healthcare professional when referring a woman to the Birth Review service. The referring healthcare professional is responsible for informing the woman that referrals are assessed individually, using established criteria, and not all referrals will lead to a birth review appointment. Appointments can be conducted virtually or face-to-face.

Additionally, the referring healthcare professional must ensure that:

- Women who gave birth at a unit other than Frimley Health are referred to the unit where they had their baby.
- If the woman is currently pregnant and gave birth to her last baby at Frimley Health, her community midwife will refer her to the appropriate person, according to her lead professional.
- Pregnant women under consultant-led care are referred to the named consultant in ANC.
- Pregnant women under midwifery-led care are referred to the Birth Choices Clinic.

9. Listening to women and learning from their feedback

Quality, audit and patient experience midwives will log and record all requests submitted to the maternity clinical governance team. Once a year, they will analyse all requests and identify any improvement opportunities. Recommendations will be shared with matrons and all the relevant staff including obstetricians so that changes can be implemented when needed. Progress will be monitored through our established clinical governance processes.

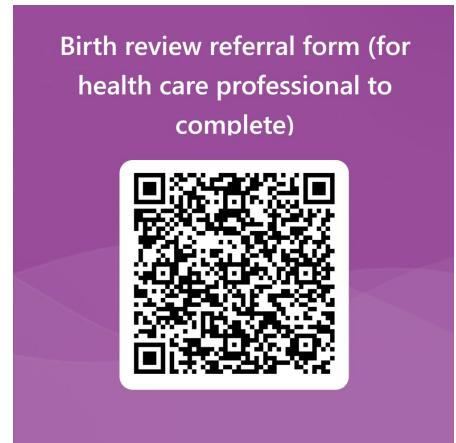
Appendix 1: Referral Form

Available via MS Forms using the following link or QR code.

Link to form:

<https://forms.office.com/Pages/ResponsePage.aspx?id=sITDN7CF9UeyIge0jXdO44t gRo1tH8tMhFBACi8H4TIUQk9NUTkzOVhGWU81U1RNMTNQRVWQVRRWS4u>

QR code:



Appendix 2: Response letter for women not meeting criteria

Dear [Name],

Thank you for your recent inquiry about scheduling a Birth Review appointment at Frimley Health. We appreciate your interest in our services and recognize the significance of childbirth as a life-altering experience.

We understand that the birthing process can sometimes take an unexpected turn, and we are committed to providing comprehensive support to women who have experienced such situations. To ensure timely access for patients with the most immediate needs, we prioritize Birth Review referrals for individuals who have experienced the following:

- Emergency Caesarean Section
- Difficult Instrumental Delivery
- Obstetric Anal Sphincter Injuries/Third-and Fourth-Degree Tears
- Obstetric Emergencies
- Intrauterine Death, Stillbirth, or Neonatal Death
- Baby Admission to the Neonatal Unit Due to Intrapartum Asphyxia
- Unexpected Return to the Operating Theatre

While every birth experience is unique and we encourage all women to seek support if needed, we prioritise referrals for these specific situations due to the potential for immediate emotional and psychological impact.

Having carefully considered your request for a Birth Review, we would like to recommend alternative resources that may be more suitable at this time. We encourage you to explore well-established national support services that are readily available to provide the assistance you may be seeking. For your convenience, we have enclosed a leaflet with detailed information about these services and instructions on how to contact them.

Also, if you would like to access your records and understand your care timeline, please follow the instructions on the following link: <https://www.fhft.nhs.uk/your-visit/privacy-policy-how-we-use-your-information/patient-information/requesting-a-copy-of-your-records/>

Please know that we value your well-being and want to ensure you receive the support you need. While we may not be able to directly fulfil your request at this time, we believe these national support services will be equipped to offer the guidance and assistance you seek.

Sincerely,

Maternity Clinical Governance Team,

Frimley Health NHS Foundation Trust

Appendix 3: National organisations with helplines

- **AIMS** (Association for Improvements in Maternity Services). An organisation that supports all maternity service users to navigate the system as it exists, and campaigns for a system which truly meets the needs of all. Its helpline offers information and support on pregnancy and birth issues to help people make informed decisions, support them to have their decision respected by their health care providers, and provide a listening ear and practical support for women who are unhappy with their experiences.
Tel: 0300 365 0663 Email: helpline@aims.org.uk <https://www.aims.org.uk>
- **ARC – Antenatal Results and Choices**. The only national charity helping parents through antenatal screening and its consequences.
Tel: 0845 077 2290 <https://www.arc-uk.org/>
- **Association for Post-Natal Illness**. An organisation for women suffering from any type of perinatal illness.
Tel: 0207386 0868 <https://www.apni.org>
- **The Lullaby Trust**. A charity that offers emotional support for bereaved families, as well as raising awareness of sudden infant death syndrome (SIDS) and providing expert advice on safer sleep for babies.
Tel: 0808 802 6868 <https://www.lullabytrust.org.uk>
- **The Miscarriage Association**. A charity offering support and information to anyone affected by the loss of a baby in pregnancy, raising awareness and promoting good practice in medical care.
Tel: 01924 200799 Email: info@miscarriageassociation.org.uk <https://www.miscarriageassociation.org.uk>
- **PANDAS Foundation UK**. Support and advice for any parent who is experiencing a perinatal mental illness.
Tel: 0843 2898 401 Email: info@pandasfoundation.org.uk <https://www.pandasfoundation.org.uk/>
- **Samaritans** A free, confidential listening service for anyone struggling to cope and needing emotional support.
Tel: 116123 Email: jo@samaritans.org <https://www.samaritans.org.uk>
- **Tamba**. Twinline is Tamba's listening service for parents of twins, triplets and more. All the calls are answered by volunteers who have multiples themselves.
Tel: 0800 138 0509 Email: asktwinline@tamba.org.uk <https://www.tamba.org.uk/support/twinline>
- **The 1001 Critical Days**. A campaigning organisation that highlights the importance of intervening early in the 1001 critical days between conception to 2 years to enhance the outcomes for children.
<https://www.1001criticaldays.co.uk>
- **Action on Postpartum Psychosis**. A national charity for women and families affected by Postpartum Psychosis (PP), a severe mental illness that begins suddenly following childbirth. It offers a moderated forum and one-to-one messaging. <https://www.app-network.org/>

- **Best Beginnings.** A charity aiming to empower parents with the knowledge and confidence to look after their own health and their children's long term development and well-being. <https://www.bestbeginnings.org.uk>
- **The Birth Trauma Association.** A charity that supports women who have had a traumatic birth experience or are suffering from post-traumatic stress disorder (PTSD) after birth. <https://www.birthtraumaassociation.org.uk>
- **Birthrights.** A charity dedicated to improving women's experience of pregnancy and childbirth by promoting respect for human rights; offers free factsheets and an advice service. <http://www.birthrights.org.uk>
- **Bliss.** A charity that aims to give every baby born premature or sick the best chance of survival and quality of life and supports parents and health professionals. <https://www.bliss.org.uk/>
- **Gingerbread.** A charity supporting single parent families. <https://www.gingerbread.org.uk>
- **Home-Start.** A national charity with local branches across the UK whose volunteers offer support and practical help to families with young children who are facing challenges around mental and physical health, isolation, disability, postnatal depression, money problems and more. <https://www.home-start.org.uk>
- **Make Birth Better.** A network of parents and professionals who aim to improve the prevention, diagnosis and treatment of birth trauma through clinically-led education, campaigning and research. <https://www.makebirthbetter.org/>
- **Maternal Mental Health Alliance.** A coalition of national professional and patient organisations committed to improving perinatal mental health. <https://www.maternalmentalhealthalliance.org>
- **Mind.** A leading national mental health charity with local branches, which offers information, advice and support about mental health issues and treatment choices. <https://www.mind.org.uk>
- **The Multiple Births Foundation.** Employs healthcare professionals dedicated to supporting multiple birth families and educating and advising professionals about their special needs. <http://www.multiplebirths.org.uk>
- **National Breastfeeding Helpline** The National Breastfeeding Helpline is open on 0300 100 0212 from 9.30am-9.30pm every single day of the year, offering non-judgemental, evidence based, caller centred, independent, friendly breastfeeding support and information to anyone in the UK who needs it. <http://www.nationalbreastfeedinghelpline.org.uk/>
- **NCT.** A leading charity for new parents providing information and support for the first 1,000 days as a parent, through pregnancy, birth and beyond. <https://www.nct.org.uk>
- **PETALS:** The baby loss counselling charity.
Tel: 0300 688 0068 Email: counselling@petalscharity.org
<https://petalscharity.org>

- **Royal College of General Practitioners.** A medical royal college that provides a perinatal mental health toolkit for women and their families with websites, information leaflets and literature recommendations.
<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx>
- **SANDS.** The stillbirth and neonatal death charity, supporting anyone affected by the death of a baby, working to improve the care bereaved parents receive, and promoting research to reduce the loss of babies' lives.
<https://www.sands.org.uk>
- **Tommys.** A charity funding research into stillbirth, premature birth and miscarriage, and providing pregnancy health information for parents.
<https://www.tommys.org>
- **Unfold Your Wings.** Supporting people affected by birth trauma and PTSD.
<http://www.unfoldyourwings.co.uk>

Support for mums by mums

- **Maternal OCD.** A charity co-founded by two mothers, which provides information and support for those who suffer from extreme perinatal obsessive compulsive disorder (OCD). <https://maternalocd.org>
- **PND and Me.** An online blog set up by a woman with personal experience of postnatal depression.
<http://www.pndandme.co.uk>, also on Twitter @PndandMe

For dads

- **Dr Andrew Mayers.** An academic psychologist specialising in mental health, particularly perinatal mental health (Including fathers) and young people's mental health. His website includes information on support for fathers' mental health: <https://www.andrewmayers.info/fathers-mental-health.html>
- **Dads Matter UK.** Support and information for dads worried about or suffering from depression, anxiety and post-traumatic stress disorder (PTSD).
<https://www.dadsmatteruk.org>
- **The Fatherhood Institute.** The UK's fatherhood think-and-do tank.
<http://www.fatherhoodinstitute.org>
- **Fathers Reaching Out.** The website of Mark Williams, a campaigner, author and speaker on fathers' mental health.
<https://www.reachingoutpmh.co.uk/sample-page/>
- **PANDAS Foundation.** Amongst other support, offers closed Facebook groups for Dads: <https://www.pandasfoundation.org.uk/online-support/>

Other useful links

- **Money with Kids.** A guide to help ensure those with children are taking advantage of all the financial assistance available and making the most of their money. <https://moneywithkids.co.uk/>
- **Mental Health & Money Support.** Clear, practical advice and support for people experiencing issues with mental health and money.
<https://www.mentalhealthandmoneyadvice.org/en/>

Full version control record

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Guidelines Lead(s):	Sinisa Pejcic (O&G cross site clinical governance lead), Angeliki Karava-Sood (Quality, Audit and Patient Experience Midwife)
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<p>This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.</p>	

Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1.0	May 2021	Angeliki Karava-Sood, Annwen Roberts	Final	Approved at Obstetric Clinical Governance Group, 29 April 2021
2.0	Nov 2023	Sinisa Pejcic, Angeliki Karava-Sood	Final	Chair's action 6 December 2023
2.1	March 2024	Sinisa Pejcic, Angeliki Karava-Sood	Interim	Addition of MNISA role and referral link

Related Documents

None